

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name DURABOTICS, INC.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 26-2456127

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

1279 TRAPP ROAD STE 110
EAGAN, MN 55121

Number, Street, City, State & ZIP Code

Dakota

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) WWW.DURABOTICS.COM

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **DURABOTICS, INC.**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

3399

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

☒ Chapter 7

☐ Chapter 9

☐ Chapter 11. Check **all** that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No.

☐ Yes.

If more than 2 cases, attach a separate list.

District

When

Case number

District

When

Case number

Debtor **DURABOTICS, INC.** Case number (if known) _____
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor	DURABOTICS, INC.	Case number (if known)	
Name			
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion	

Debtor **DURABOTICS, INC.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 26, 2023**
MM / DD / YYYY

X /s/ RONALD F. JOST
Signature of authorized representative of debtor

Title **PRESIDENT**

RONALD F. JOST
Printed name

18. Signature of attorney

X /s/ JOHN D. LAMEY III
Signature of attorney for debtor

Date **July 26, 2023**
MM / DD / YYYY

JOHN D. LAMEY III 0312009
Printed name

LAMEY LAW FIRM, P.A.
Firm name

980 INWOOD AVE N
OAKDALE, MN 55128-7094
Number, Street, City, State & ZIP Code

Contact phone **651.209.3550**

Email address **JLAMEY@LAMEYLAW.COM**

0312009 MN
Bar number and State

Fill in this information to identify the case:

Debtor name DURABOTICS, INC.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 26, 2023

X /s/ RONALD F. JOST

Signature of individual signing on behalf of debtor

RONALD F. JOST

Printed name

PRESIDENT

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name DURABOTICS, INC.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>100,200.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>100,200.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>2,357,313.81</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>16,965.07</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>869,932.73</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>3,244,211.61</u>

Fill in this information to identify the case:

Debtor name DURABOTICS, INC.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.
- ☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	200.00	-	0.00	=	\$200.00
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$200.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

Debtor DURABOTICS, INC. Case number (If known) _____
Name

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software VARIOUS OFFICE EQUIPMENT AND FIXTURES MACHINERY TWO ROBOTS	\$0.00	Liquidation	\$100,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$100,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Debtor **DURABOTICS, INC.** Case number (If known) _____
Name

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites WWW.DURABOTICS.COM	Unknown		Unknown

62. Licenses, franchises, and royalties
63. Customer lists, mailing lists, or other compilations
64. Other intangibles, or intellectual property
65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **DURABOTICS, INC.** Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$200.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$100,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$100,200.00	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$100,200.00

Fill in this information to identify the case:

Debtor name **DURABOTICS, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	ALERUS FINANCIAL <small>Creditor's Name</small> PO BOX 6001 Grand Forks, ND 58206 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien ALL ASSETS Describe the lien UCC-1 FINANCING STATEMENT Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00

2.2	ATIPANA CAPITAL LLC <small>Creditor's Name</small> 43 W 23RD ST 2ND FLOOR New York, NY 10010 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 01/03/2023 Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien ACCOUNTS RECEIVABLE Describe the lien UCC-1 FINANCING STATEMENT Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	Unknown	\$0.00
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Debtor **DURABOTICS, INC.** Case number (if known)

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 **CHANNEL PARTNERS CAPITAL LLC**

Creditor's Name

**408 E MAIN ST BLD 300
STE 1
Marshall, MN 56258**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

08/03/2022

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

ALL ASSETS

\$151,619.00

\$0.00

Describe the lien

UCC-1 FINANCING STATEMENT

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 **LUMINATE BANK**

Creditor's Name

**5900 GREEN OAK DR.
SUITE 100
MINNETONKA, MN 55343**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/14/2020

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

BLANKET LIEN - ALL ASSETS

\$2,000,000.00

Unknown

Describe the lien

UCC FINANCING STATEMENT

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 **TIM HEDLUND AND JACK RUTH**

Creditor's Name

**13250 KERRY LANE
Eden Prairie, MN 55346**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**VARIOUS OFFICE EQUIPMENT AND
FIXTURES
MACHINERY
TWO ROBOTS**

\$55,694.81

\$100,000.00

Describe the lien

Debtor **DURABOTICS, INC.**
Name

Case number (if known)

UCC-1 FINANCING STATEMENT

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

05/23/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.6 US SMALL BUSINESS ADMINISTRATION

Creditor's Name

**ATTN DEFAULTS
2 NORTH ST STE 320
Birmingham, AL 35203**

Creditor's mailing address

Describe debtor's property that is subject to a lien

BLANKET LIEN

\$150,000.00

Unknown

Describe the lien

UCC-1 FINANCING STATEMENT

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

07/05/2020

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,357,313.81

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

**TROY C KEPLER ESQ
408 E MAIN ST BLD 300 STE 1
Marshall, MN 56258**

On which line in Part 1 did you enter the related creditor?

Line **2.3**

Last 4 digits of account number for this entity

**WINTHROP AND WEINSTINE
CYNTHIA HEGARTY ESQ
225 SOUTH SIXTH ST STE 3500
Minneapolis, MN 55402**

Line **2.4**

Fill in this information to identify the case:

Debtor name **DURABOTICS, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>ANDREW FINNEGAN 726 BRIDLE RIDGE ROAD EAGAN, MN 55123</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>PRIORITY CLAIM (UNPAID PAID TIME OFF)</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$1,692.31	\$1,692.31
2.2	<p>Priority creditor's name and mailing address</p> <p>ANDREW VALL 14725 BURNELL PARK DRIVE Burnsville, MN 55306</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>PRIORITY CLAIM (UNPAID PAID TIME OFF)</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$1,846.15	\$1,846.15

Debtor	Name	Case number (if known)		
2.3	PRIORITY creditor's name and mailing address CHRISTINA THORNER 14809 OAKWOOD DRIVE Burnsville, MN 55306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: PRIORITY CLAIM (BELIEVED TO BE ZERO) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	PRIORITY creditor's name and mailing address COLBY CHASE 7525 POLK AVENUE Waconia, MN 55387	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,550.00	\$1,550.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: PRIORITY CLAIM (UNPAID PAID TIME OFF) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	PRIORITY creditor's name and mailing address DAVID HER 8614 GREENE AVENUE S. Cottage Grove, MN 55016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,200.00	\$1,200.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: PRIORITY CLAIM (UNPAID PAID TIME OFF) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	PRIORITY creditor's name and mailing address ERIK PETERMAN 13813 FINDLAY AVENUE APPLE VALLEY, MN 55124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,115.38	\$2,115.38
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: PRIORITY CLAIM (UNPAID PAID TIME OFF) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	DURABOTICS, INC.		Case number (if known)
	Name		

2.7	Priority creditor's name and mailing address IRS PO BOX 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PRIORITY TAXES		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address JOHN OCHS 1160 TOWN CENTRE DR. APT 4 EAGAN, MN 55123	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PRIORITY CLAIM (BELIEVED TO BE ZERO)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address JUSTIN BERG 126 21ST AVE. N South Saint Paul, MN 55075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,153.85	\$1,153.85
	Date or dates debt was incurred	Basis for the claim: PRIORITY CLAIM (UNPAID PAID TIME OFF)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address LANG THAO 1238 JESSIE STREET Saint Paul, MN 55130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,365.79	\$1,365.79
	Date or dates debt was incurred	Basis for the claim: PRIORITY CLAIM (UNPAID PAID TIME OFF)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	DURABOTICS, INC.		Case number (if known)
	Name		

2.11	Priority creditor's name and mailing address LORI THOMPSON 1005 TRILLIUM COURT EAGAN, MN 55123	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,120.95	\$1,120.95
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: PRIORITY CLAIM (UNPAID PAID TIME OFF)		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

2.12	Priority creditor's name and mailing address MINNESOTA DEPT OF REV COLLECTION DIVISION PO BOX 64564 Saint Paul, MN 55164-0564	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PRIORITY TAXES		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

2.13	Priority creditor's name and mailing address RYAN DARST 454 7TH AVENUE SOUTH South Saint Paul, MN 55075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,272.00	\$1,272.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: PRIORITY CLAIM (UNPAID PAID TIME OFF)		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

2.14	Priority creditor's name and mailing address THEAN ANG 3172 NORTH VIEW LANE WOODBURY, MN 55125	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,692.31	\$2,692.31
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: PRIORITY CLAIM (UNPAID PAID TIME OFF)		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	DURABOTICS, INC.	Case number (if known)	
	Name		

2.15	Priority creditor's name and mailing address TOM ALESSI 1706 PIERCE ST. NE Minneapolis, MN 55413	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$956.33	\$956.33
	Date or dates debt was incurred	Basis for the claim: PRIORITY CLAIM (UNPAID PAID TIME OFF)		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address AMERICAN EXPRESS PO BOX 981535 El Paso, TX 79998-1535 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,832.03	
3.2	Nonpriority creditor's name and mailing address AUTOMATION DIRECT 3505 HUTCHINSON RD. Cumming, GA 30040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$405.00	
3.3	Nonpriority creditor's name and mailing address AUTOMATION, INC 4830 AZELIA AVE N Minneapolis, MN 55429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,312.30	
3.4	Nonpriority creditor's name and mailing address BRECOFLEX CO, LLC 222 INDUSTRIAL WAY WEST Eatontown, NJ 07724 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.5	Nonpriority creditor's name and mailing address BYRON JOST 4151 BOONE AVE. N #101 Minneapolis, MN 55427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00	

Debtor	DURABOTICS, INC. Name	Case number (if known)
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3.6	Nonpriority creditor's name and mailing address C.H. ROBINSON COMPANY PO BOX 9121 Minneapolis, MN 55480-9121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address CHOICE BAGGING EQUIPMENT 4804 NORTH MAIN ST. Taylor, TX 76574 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$56,739.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address CMSI TECHNOLOGIES 11733 95H AVE. N MAPLE GROVE, MN 55369 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,405.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address COMCAST CUSTOMER SERVICE DEPT 1500 MARKET ST Philadelphia, PA 19102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$156.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	Nonpriority creditor's name and mailing address CONVEYOR SOLUTIONS 5201 EDEN AVE. SUITE 300 Minneapolis, MN 55436 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,554.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	Nonpriority creditor's name and mailing address CROWN PLASTICS 12615 16TH AVE N. PLYMOUTH, MN 55441 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,597.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address DUKE SECURED FINANCING - UNM, LLC 75 REMITTANCE DR. SUITE 3205 Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$75,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FORMER LANDLORD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	DURABOTICS, INC. Name _____	Case number (if known) _____
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3.13	Nonpriority creditor's name and mailing address EGAN COMPANY PO BOX 1150-27 Minneapolis, MN 55480 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,250.00
3.14	Nonpriority creditor's name and mailing address EVOLVE SYSTEMS 2974 RICE ST. Saint Paul, MN 55113 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.15	Nonpriority creditor's name and mailing address FANCU AMERICA CORP 3900 WEST HAMLIN RD. Rochester, MI 48309 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,018.80
3.16	Nonpriority creditor's name and mailing address FREIGHTQUOTE.COM 901 CARONDELET DRIVE WEST Kansas City, MO 64114 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.17	Nonpriority creditor's name and mailing address HEALTH PARTNERS CLINIC PO BOX 77026 Minneapolis, MN 55480-7726 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,058.21
3.18	Nonpriority creditor's name and mailing address HUBS - A PORTABLE COMPANY 3D HUBS MANUFACTURING LLC DEPT CH 17597 Palatine, IL 60055 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,354.00
3.19	Nonpriority creditor's name and mailing address INDUSTRIAL KINETICS, INC 2535 CURTIS ST. Downers Grove, IL 60515 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$522.20

Debtor	DURABOTICS, INC. Name	Case number (if known)
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3.20	Nonpriority creditor's name and mailing address JACK RUTH 13750 FLAGSTAFF AVE APPLE VALLEY, MN 55124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,893.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address JOHN DUR FINANCIAL CONSULTING LLC 132 BAYCREST COURT #132 Newport Beach, CA 92660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address JOULIN 2551 US HWY 70 SW Hickory, NC 28602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,597.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address JUSTIN OOI OOI YU CHEN A-5-2, TROPICANA BAY RESIDEN PERSIARAN BAYAN INDAH PENANG, MALAYSIA 11900 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,521.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	Nonpriority creditor's name and mailing address KEVIN P. SMITH 3250 W 66TH ST. #242 EDINA, MN 55435 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.25	Nonpriority creditor's name and mailing address KEYENCE CORP OF AMERICA DEPT CH 17128 Palatine, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.26	Nonpriority creditor's name and mailing address LEGEND ADVANCE FUNDING II LLC 800 BRICKELL AVE SUITE 902 Miami, FL 33131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,688.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	DURABOTICS, INC. Name	Case number (if known) _____
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3.27	Nonpriority creditor's name and mailing address LLM PUBLICATIONS PO BOX 25120 Portland, OR 97298 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,179.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address MACKUBIN AUTOMATION 2491 15TH ST. NW NEW BRIGHTON, MN 55112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,548.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	Nonpriority creditor's name and mailing address METROPOLITAN MECHANICAL CONTRACTORS INC 121 S 8TH ST. SUITE 203 Minneapolis, MN 55402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,414.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address MIDWEST CRATING UNLIMITED 6805 20TH AVE. SOUTH SUITE 100 CENTERVILLE, MN 55038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$812.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address MILLIBAR 122 SOUTH STREET REAR Hopkinton, MA 01748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address MILLWOOD METALWORKS, INC 315 INDUSTRIAL PO BOX 339 Freeport, MN 56331 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,145.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address MMC CONTROLS 7450 FLYING CLOUD DRIVE Eden Prairie, MN 55344 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	DURABOTICS, INC. Name	Case number (if known) _____
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3.34	Nonpriority creditor's name and mailing address NCS CREDIT PO BOX 24101 Cleveland, OH 44124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>COLLECTION</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.35	Nonpriority creditor's name and mailing address NORDSON CORPORATION PO BOX 802586 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,984.97
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3.36	Nonpriority creditor's name and mailing address NORTHAMCON, LLC PO BOX 454 Alpena, MI 49707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,597.64
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3.37	Nonpriority creditor's name and mailing address PACIFIC RESOURCES GROUP 151 KALMUS DRIVE STE C-225 Costa Mesa, CA 92626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>COLLECTION - MARTINEZ LAW</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.38	Nonpriority creditor's name and mailing address PEPPERL+FUCHS 1600 ENTERPRISE PARKWAY Twinsburg, OH 44087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.36
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3.39	Nonpriority creditor's name and mailing address POWERNATION PO BOX 860314 Minneapolis, MN 55486 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,550.98
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3.40	Nonpriority creditor's name and mailing address PROLOGIS, LP 1800 WAZEE ST. SUITE 500 Denver, CO 80202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,818.67
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Debtor	DURABOTICS, INC. Name	Case number (if known) _____
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3.41	Nonpriority creditor's name and mailing address QUALITY CONVEYORS 550 SPRIAL BLVD Hastings, MN 55033 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,530.76</u>
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3.42	Nonpriority creditor's name and mailing address RON JOST 652 136TH LN. NE HAM LAKE, MN 55304 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.43	Nonpriority creditor's name and mailing address SNO PAC FOODS INC 521 W ENTERPRISE DR Caledonia, MN 55921 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$168,910.00</u>
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3.44	Nonpriority creditor's name and mailing address STAUBIL CORPORATION - ROBOTICS DIVISION PO BOX 189 Duncan, SC 29334 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,004.20</u>
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3.45	Nonpriority creditor's name and mailing address TIGHE KRESS AND ORR CPAS ATTN ACCOUNTS RECEIVALBE 2205 POINT BLVD STE 100 Elgin, IL 60123 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$49,433.00</u>
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3.46	Nonpriority creditor's name and mailing address TIM HEDLUND 13250 KERRY LANE Eden Prairie, MN 55346 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$24,467.65</u>
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3.47	Nonpriority creditor's name and mailing address TRIANGLE WAREHOUSE PO BOX 581669 Minneapolis, MN 55458 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$595.97</u>
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Debtor	DURABOTICS, INC. Name _____	Case number (if known) _____
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3.48	Nonpriority creditor's name and mailing address US BANK EQUIPMENT FINANCE 1310 MADRID ST Marshall, MN 56258 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,742.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	Nonpriority creditor's name and mailing address US SMALL BUSINESS ADMIN MINNESOTA DISTRICT OFFICE 330 2nd AVE S STE 430 Minneapolis, MN 55401-2224 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,465.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	Nonpriority creditor's name and mailing address VAN METER 7450 95TH ST. S Cottage Grove, MN 55016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,757.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	Nonpriority creditor's name and mailing address VIRTUS LAW PLLC ATTN: TIM FAFINSKI 7040 LAKELAND AVE. SUITE 100 Minneapolis, MN 55428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NOTICE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	Nonpriority creditor's name and mailing address WELLS FARGO COORDINATED BUSINESS PO BOX 10306 Des Moines, IA 50306 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$446.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53	Nonpriority creditor's name and mailing address WERNER ELECTRIC 1000 24TH AVE NW Owatonna, MN 55060-1069 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54	Nonpriority creditor's name and mailing address XCEL ENERGY BANKRUPTCY DEPT PO BOX 9477 Minneapolis, MN 55484 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$472.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **DURABOTICS, INC.** Case number (if known) _____

Name

3.55	Nonpriority creditor's name and mailing address XOMETRY PO BOX 735303 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,526.80
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3.56	Nonpriority creditor's name and mailing address YNS FUNDING LLC 99 WALL STREET STE 2497 New York, NY 10005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,474.85
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3.57	Nonpriority creditor's name and mailing address ZETAGROUP 501 COUNTY RD. U Wrightstown, WI 54180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,200.00
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3.58	Nonpriority creditor's name and mailing address ZZZ ADJUSTMENT Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	ESP RECEIVABLES MANAGMENT INC PO BOX 1547 Mandeville, LA 70470	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	LAW OFFICES OF ISAAC H GREENFIELD PLLC ATTN ISSAC H GREENFIELD ESQ 2 EXECUTIVE BLVD STE 305 Suffern, NY 10901	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	MARTINEZ LAW PA CHRIS MARTINEZ ESQ 2525 PONCE DE LEON BLVD STE 300 CORAL GABLES, FL 33134	Line <u>3.26</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	TAFT STETTINUS & HOLLISTER LLP ATTN PATRICK J LINDMARK 80 SOUTH EIGHT ST STE 2000 Minneapolis, MN 55402	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	DURABOTICS, INC.	Case number (if known) _____						
	<small>Name</small>							
	Name and mailing address	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">On which line in Part 1 or Part 2 is the related creditor (if any) listed?</td> <td style="width: 40%;">Last 4 digits of account number, if any</td> </tr> <tr> <td>Line 3.16</td> <td>—</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Not listed. Explain _____</td> </tr> </table>	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any	Line 3.16	—	<input type="checkbox"/> Not listed. Explain _____	
On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any							
Line 3.16	—							
<input type="checkbox"/> Not listed. Explain _____								
4.5	TIMOTHY W FAFINSKI CORPORATE COUNSEL PA 3411 BREI KESSEL RD INDEPENDENCE, MN 55359							

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 16,965.07
5b. +	\$ 869,932.73
5c.	\$ 886,897.80

Fill in this information to identify the case:

Debtor name DURABOTICS, INC.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

(1) RAISE 3D PRO3 PLUS CNC 3D PRINTER TOOLING TOOLING TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES AND (2) FANUC ROBODRILL A-D21MIB5 WITH CONTROL AND WELDER

State the term remaining

List the contract number of any government contract _____

US BANK EQUIPMENT FINANCE
1310 MADRID ST
Marshall, MN 56258

Fill in this information to identify the case:

Debtor name DURABOTICS, INC.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1

Street

☐ D
☐ E/F
☐ G

City State Zip Code

2.2

Street

☐ D
☐ E/F
☐ G

City State Zip Code

2.3

Street

☐ D
☐ E/F
☐ G

City State Zip Code

2.4

Street

☐ D
☐ E/F
☐ G

City State Zip Code

Fill in this information to identify the case:

Debtor name DURABOTICS, INC.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2023 to **Filing Date**

Sources of revenue
Check all that apply

☐ Operating a business

☒ Other GROSS REVENUE

Gross revenue
(before deductions and exclusions)

\$237,000.00

For prior year:
From 1/01/2022 to 12/31/2022

☐ Operating a business

☒ Other GROSS REVENUE

\$2,000,807.00

For year before that:
From 1/01/2021 to 12/31/2021

☐ Operating a business

☒ Other GROSS REVENUE

\$1,765,074.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2023 to **Filing Date**

IRS REFUND - EMPLOYEE RETENTION CREDIT

\$359,422.04

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **DURABOTICS, INC.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. JACK RUTH 13750 FLAGSTAFF AVE APPLE VALLEY, MN 55124	JULY 21, 2023	\$68,066.45	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other____
3.2. TIM HEDLUND 13250 KERRY LANE Eden Prairie, MN 55346	JULY 21, 2023	\$112,723.03	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other____
3.3. FORMER EMPLOYEES	JULY 5 & 6, 2023	\$154,509.52	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>PAST DUE PAYROLL</u>
3.4. IRS PO BOX 7346 Philadelphia, PA 19101-7346	VARIOUS DATES	Unknown	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>REMITTANCE OF PAYROLL TAXES</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

Debtor **DURABOTICS, INC.**

Case number (if known) _____

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	EBF HOLDINGS LLC DBA EVEREST BUSINESS FUNDING V. DURABOTICS INC AND RONALD JOST	BREACH OF CONTRACT ET AL	SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF MONROE	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	CHANNEL PARTNERS CAPITAL LLC VS. DURABOTICS INC. AND RONALD JOST	BREACH OF CONTRACT ET AL	STATE OF MINNESOTA LYON COUNTY	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	YNS FUNDING LLC V. DURABOTICS INC AND RONALD JOST	BREACH OF CONTRACT ET AL	SUPREME COURT OF TEH STATE OF NEW YORK COUNTY OF NASSAU	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	LEGEND ADVANCE FUNDING II LLC V. DURABOTICS INC AND RON JOST 2023-010859-CA-01	BREACH OF CONTRACT ET AL	CIRCUIT COURT - ELEVENTH JUDICIAL CIRCUIT MIAMI-DADE COUNTY, FLORIDIA	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	BANK GARNISHMENT - INFORMATION TO BE PROVIDED TO THE TRUSTEE - AMOUNT TAKEN: \$23,114.71 ON JUNE 14, 2023			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Debtor **DURABOTICS, INC.**

Case number (if known)

Description of the property lost and how the loss occurred

Amount of payments received for the loss

Dates of loss

Value of property lost

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	LAMEY LAW FIRM, P.A. 980 INWOOD AVE N OAKDALE, MN 55128-7094	ATTORNEY FEES AND COURT COSTS TO PREPARE BANKRUPTCY AND POST-FILING WORK (AND PRE-FILING REPRESENTATION)	MARCH 2023 AND JUNE 2023	\$8,000.00
	Email or website address JLAMEY@LAMEYLAW.COM			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	MEREEN JOHNSON 5201 EAST RIVER ROAD STE 301 Minneapolis, MN 55421	SOLD VARIOUS LAPTOPS AND EQUIPMENT	APRIL 2023	\$6,500.00
	Relationship to debtor NONE.			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **DURABOTICS, INC.**

Case number (if known)

☐ Does not apply

Address

Dates of occupancy
From-To

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	LUMINATE BANK 5900 GREEN OAK DR. SUITE 100 MINNETONKA, MN 55343	XXXX-3312	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	MAY 31, 2023	\$0.00
18.2.	BANK OF AMERICA PO BOX 982284 EI Paso, TX 79998-2284	XXXX-7808	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	JULY 26, 2023	\$0.00

Debtor **DURABOTICS, INC.**

Case number (if known)

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.3. US BANK BANKRUPTCY/RECOVERY DEPARTMENT PO BOX 5229 Cincinnati, OH 45201	XXXX-0478	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	JULY 26, 2023	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No.

☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

Debtor **DURABOTICS, INC.**

Case number (if known)

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service
From-To

26a.1. **ROBERT B LEWIS CPA**
6500 STAUDER CIRCLE
EDINA, MN 55436

LAST 2+ YEARS

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Name and address

If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

Debtor **DURABOTICS, INC.**

Case number (if known) _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
JACK RUTH	13750 FLAGSTAFF AVE EAGAN, MN 55124	PRESIDENT	19.00%
TIMOTHY HEDLUND	13250 KERRY LANE EDEN PRAIRIE, MN 55346	VICE PRESIDENT (RESIGNED FROM OFFICER POSITION SPRING 2023)	13.5%
RONALD JOST	652 136TH LANE NE Andover, MN 55304	CEO	55.00%
JUDITH RUTH	13750 FLAGSTAFF AVE Saint Paul, MN 55124	NONE.	12.50%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	--

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

Debtor DURABOTICS, INC. Case number (if known) _____

and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 26, 2023

/s/ RONALD F. JOST
Signature of individual signing on behalf of the debtor

RONALD F. JOST
Printed name

Position or relationship to debtor PRESIDENT

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

LOCAL FORM 1007-1
REVISED 06/16

**United States Bankruptcy Court
District of Minnesota**

In re **DURABOTICS, INC.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept	\$	7,662.00
Prior to the filing of this statement I have received	\$	7,662.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of the compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

a.. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b.. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c.. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d.. Representation of the debtor in contested bankruptcy matters; and

e.. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

LOCAL FORM 1007-1
REVISED 06/16

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: **July 26, 2023**

Signature of Attorney

/s/ JOHN D. LAMEY III

JOHN D. LAMEY III 0312009

**United States Bankruptcy Court
District of Minnesota**

In re **DURABOTICS, INC.**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **July 26, 2023**

/s/ RONALD F. JOST

RONALD F. JOST/PRESIDENT

Signer/Title

ALERUS FINANCIAL
PO BOX 6001
GRAND FORKS ND 58206

AMERICAN EXPRESS
PO BOX 981535
EL PASO TX 79998-1535

ANDREW FINNEGAN
726 BRIDLE RIDGE ROAD
EAGAN MN 55123

ANDREW VALL
14725 BURNELL PARK DRIVE
BURNSVILLE MN 55306

ATIPANA CAPITAL LLC
43 W 23RD ST 2ND FLOOR
NEW YORK NY 10010

AUTOMATION DIRECT
3505 HUTCHINSON RD.
CUMMING GA 30040

AUTOMATION, INC
4830 AZELIA AVE N
MINNEAPOLIS MN 55429

BRECOFLEX CO, LLC
222 INDUSTRIAL WAY WEST
EATONTOWN NJ 07724

BYRON JOST
4151 BOONE AVE. N #101
MINNEAPOLIS MN 55427

C.H. ROBINSON COMPANY
PO BOX 9121
MINNEAPOLIS MN 55480-9121

CHANNEL PARTNERS CAPITAL LLC
408 E MAIN ST BLD 300 STE 1
MARSHALL MN 56258

CHOICE BAGGING EQUIPMENT
4804 NORTH MAIN ST.
TAYLOR TX 76574

CHRISTINA THORNER
14809 OAKWOOD DRIVE
BURNSVILLE MN 55306

CMSI TECHNOLOGIES
11733 95H AVE. N
MAPLE GROVE MN 55369

COLBY CHASE
7525 POLK AVENUE
WACONIA MN 55387

COMCAST
CUSTOMER SERVICE DEPT
1500 MARKET ST
PHILADELPHIA PA 19102

CONVEYOR SOLUTIONS
5201 EDEN AVE. SUITE 300
MINNEAPOLIS MN 55436

CROWN PLASTICS
12615 16TH AVE N.
PLYMOUTH MN 55441

DAVID HER
8614 GREENE AVENUE S.
COTTAGE GROVE MN 55016

DUKE SECURED FINANCING - UNM, LLC
75 REMITTANCE DR. SUITE 3205
CHICAGO IL 60675

EGAN COMPANY
PO BOX 1150-27
MINNEAPOLIS MN 55480

ERIK PETERMAN
13813 FINDLAY AVENUE
APPLE VALLEY MN 55124

ESP RECEIVABLES MANAGMENT INC
PO BOX 1547
MANDEVILLE LA 70470

EVOLVE SYSTEMS
2974 RICE ST.
SAINT PAUL MN 55113

FANCU AMERICA CORP
3900 WEST HAMLIN RD.
ROCHESTER MI 48309

FREIGHTQUOTE.COM
901 CARONDELET DRIVE WEST
KANSAS CITY MO 64114

HEALTH PARTNERS CLINIC
PO BOX 77026
MINNEAPOLIS MN 55480-7726

HUBS - A PORTABLE COMPANY
3D HUBS MANUFACTURING LLC
DEPT CH 17597
PALATINE IL 60055

INDUSTRIAL KINETICS, INC
2535 CURTIS ST.
DOWNERS GROVE IL 60515

IRS
PO BOX 7346
PHILADELPHIA PA 19101-7346

JACK RUTH
13750 FLAGSTAFF AVE
APPLE VALLEY MN 55124

JOHN DUR FINANCIAL CONSULTING LLC
132 BAYCREST COURT #132
NEWPORT BEACH CA 92660

JOHN OCHS
1160 TOWN CENTRE DR. APT 4
EAGAN MN 55123

JOULIN
2551 US HWY 70 SW
HICKORY NC 28602

JUSTIN BERG
126 21ST AVE. N
SOUTH SAINT PAUL MN 55075

JUSTIN OOI
OOI YU CHEN A-5-2, TROPICANA BAY RESIDEN
PERSIARAN BAYAN INDAH
PENANG, MALAYSIA 11900

KEVIN P. SMITH
3250 W 66TH ST. #242
EDINA MN 55435

KEYENCE CORP OF AMERICA
DEPT CH 17128
PALATINE IL 60055

LANG THAO
1238 JESSIE STREET
SAINT PAUL MN 55130

LAW OFFICES OF ISAAC H GREENFIELD PLLC
ATTN ISSAC H GREENFIELD ESQ
2 EXECUTIVE BLVD STE 305
SUFFERN NY 10901

LEGEND ADVANCE FUNDING II LLC
800 BRICKELL AVE SUITE 902
MIAMI FL 33131

LLM PUBLICATIONS
PO BOX 25120
PORTLAND OR 97298

LORI THOMPSON
1005 TRILLIUM COURT
EAGAN MN 55123

LUMINATE BANK
5900 GREEN OAK DR. SUITE 100
MINNETONKA MN 55343

MACKUBIN AUTOMATION
2491 15TH ST. NW
NEW BRIGHTON MN 55112

MARTINEZ LAW PA
CHRIS MARTINEZ ESQ
2525 PONCE DE LEON BLVD STE 300
CORAL GABLES FL 33134

METROPOLITAN MECHANICAL CONTRACTORS INC
121 S 8TH ST. SUITE 203
MINNEAPOLIS MN 55402

MIDWEST CRATING UNLIMITED
6805 20TH AVE. SOUTH SUITE 100
CENTERVILLE MN 55038

MILLIBAR
122 SOUTH STREET REAR
HOPKINTON MA 01748

MILLWOOD METALWORKS, INC
315 INDUSTRIAL
PO BOX 339
FREEPORT MN 56331

MINNESOTA DEPT OF REV
COLLECTION DIVISION
PO BOX 64564
SAINT PAUL MN 55164-0564

MMC CONTROLS
7450 FLYING CLOUD DRIVE
EDEN PRAIRIE MN 55344

NCS CREDIT
PO BOX 24101
CLEVELAND OH 44124

NORDSON CORPORATION
PO BOX 802586
CHICAGO IL 60680

NORTHAMCON, LLC
PO BOX 454
ALPENA MI 49707

PACIFIC RESOURCES GROUP
151 KALMUS DRIVE STE C-225
COSTA MESA CA 92626

PEPPERL+FUCHS
1600 ENTERPRISE PARKWAY
TWINSBURG OH 44087

POWERNATION
PO BOX 860314
MINNEAPOLIS MN 55486

PROLOGIS, LP
1800 WAZEE ST. SUITE 500
DENVER CO 80202

QUALITY CONVEYORS
550 SPRIAL BLVD
HASTINGS MN 55033

RON JOST
652 136TH LN. NE
HAM LAKE MN 55304

RYAN DARST
454 7TH AVENUE SOUTH
SOUTH SAINT PAUL MN 55075

SNO PAC FOODS INC
521 W ENTERPRISE DR
CALEDONIA MN 55921

STAUBIL CORPORATION - ROBOTICS DIVISION
PO BOX 189
DUNCAN SC 29334

TAFT STETTINUS & HOLLISTER LLP
ATTN PATRICK J LINDMARK
80 SOUTH EIGHT ST STE 2000
MINNEAPOLIS MN 55402

THEAN ANG
3172 NORTH VIEW LANE
WOODBURY MN 55125

TIGHE KRESS AND ORR CPAS
ATTN ACCOUNTS RECEIVALBE
2205 POINT BLVD STE 100
ELGIN IL 60123

TIM HEDLUND
13250 KERRY LANE
EDEN PRAIRIE MN 55346

TIM HEDLUND AND JACK RUTH
13250 KERRY LANE
EDEN PRAIRIE MN 55346

TIMOTHY W FAFINSKI
CORPORATE COUNSEL PA
3411 BREI KESSEL RD
INDEPENDENCE MN 55359

TOM ALESSI
1706 PIERCE ST. NE
MINNEAPOLIS MN 55413

TRIANGLE WAREHOUSE
PO BOX 581669
MINNEAPOLIS MN 55458

TROY C KEPLER ESQ
408 E MAIN ST BLD 300 STE 1
MARSHALL MN 56258

US BANK EQUIPMENT FINANCE
1310 MADRID ST
MARSHALL MN 56258

US SMALL BUSINESS ADMIN
MINNESOTA DISTRICT OFFICE
330 2ND AVE S STE 430
MINNEAPOLIS MN 55401-2224

US SMALL BUSINESS ADMINISTRATION
ATTN DEFAULTS
2 NORTH ST STE 320
BIRMINGHAM AL 35203

VAN METER
7450 95TH ST. S
COTTAGE GROVE MN 55016

VIRTUS LAW PLLC
ATTN: TIM FAFINSKI
7040 LAKELAND AVE. SUITE 100
MINNEAPOLIS MN 55428

WELLS FARGO COORDINATED BUSINESS
PO BOX 10306
DES MOINES IA 50306

WERNER ELECTRIC
1000 24TH AVE NW
OWATONNA MN 55060-1069

WINTHROP AND WEINSTINE
CYNTHIA HEGARTY ESQ
225 SOUTH SIXTH ST STE 3500
MINNEAPOLIS MN 55402

XCEL ENERGY
BANKRUPTCY DEPT
PO BOX 9477
MINNEAPOLIS MN 55484

XOMETRY
PO BOX 735303
DALLAS TX 75373

YNS FUNDING LLC
99 WALL STREET STE 2497
NEW YORK NY 10005

ZETAGROUP
501 COUNTY RD. U
WRIGHTSTOWN WI 54180

ZZZ ADJUSTMENT